FILE NOW: FILING FEE AFTER MAY 1'18 \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085622 (4)

CONSERVATIVE MANAGEMENT COMPANY INC.

Principal Place of Business
4307 W MAIN STREET

Mailing Address

4307 W MAIN STREET TAMPA FL 33607-4122 FILED

97 JUN 27 MM 5:51

SECHETARY OF STATE TALLAMASSEE, FLORIDA



TAMPA FL 336	107	TAMPA FL 33807-4122			
					3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996
	cipal Place of Business 26. Mailing Address				4. FEI Number Applied For
Suite, Apt.	# alo	Suite. Apt. #, etc.			37-341/343 Not Applica
2		27 P.O. Box 2	093	4	5. Certificate of Status Desired See Regulred
City & State	9	City & State		- /	Election Campaign Financing \$5.00 May Be
1		28 TAMIA F	<u></u>		Trust Fund Contribution
Zip	Country	2002 0024	Countr		6. This corporation has liability for intangible tax under s. 199.032,
4	[25]		30 Hill	sBoron	
	9. Name and Address of Curren	i negistereo Agent	81	Name	10. Name and Address of New Registered Agent
	SHINGTON, ETHEL 7 W MAIN STREET				
	IPA FL 33607		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
1747	II A I E OOO		83	<u> </u>	
			-	0.1	leel 7 out
			84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	athorized b	y the corpor	orporation submits this statement for the purposo of changing its register eration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable (NOTE:	Registered Ag	ent signature rec	quired when reinstating) DATE
12.	OFFICERS AND	···	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOTLE		☐ Change ☐ Addii
NAME	WASHINGTON, ETHEL		1.2 NAME		1 00002223781E -07/029701040016 ****165.00 ****165.00
STREET ADDRESS	4307 W MAIN STREET	TI 00007		ADDRESS	****165.00
CITY-ST-ZIP	TAMPA FL 33607	The second	1.4 CHY-	ST-ZIP	
TITLE	d Bell, byrallaine y	☐ DELETE	2.1 TITLE	1	LJ Change LJ Addit
NAME	11513 GLENMONT DRIVE		2.2 NAME	1 1000100	
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33635			ADDRESS	
TITLE	0	DELETE	2 4 City- 31 Title	51-217	Change Addit
NAME	BELL, MICHAEL A		3 2 NAME		
STREET ADDRESS	4907 W MAIN STREET		3 3 STREE	r address	
CITY-ST-ZIP	TAMPA FL 33607		3 4. CITY-	ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	***	☐ Change ☐ Addit
NAME	BELL, MELVIN J		4. 2 NAME		
STREET ADDRESS	4307 W MAIN STREET		4.3 \$1REE	I ADDRESS	0
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY - 1	ST-7IP	
TITLE		[DELETE	5.1 TITLE		Change L. Addit
NAME		•	5.2 NAME		
STREET ADDRESS				FADDRESS	$\Lambda^{\prime\prime}$
CITY-ST-ZIP		DELETE	5.4 CiTY-1	ST - 7IP	Channe Tassis
TITLE		T) nerest	6.1 TITLE		L.J. Change L.J. Addit
NAME STREET ADDRESS			6.2 NAME	I ADDRESS	·
CITY-ST-ZIP			6.4 CITY-1		
14. Ldo hereb	by certify that the information supplied	t with this filing does not qualify	for the eve	emption stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the
information	n indicated on this annual report or s	upplemental annual report is tru	e and acc	urate and th	hat my signature shall have the same legal effect as if made under oath; to port as required by Chapter 607, Florida Statutes; and that my name